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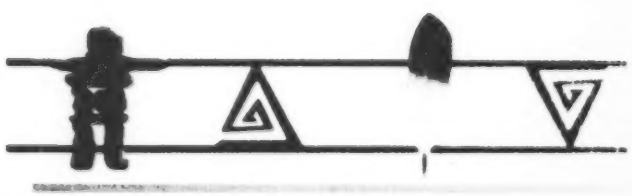
Self-Assessment Tool for Community Health Nurses working with First Nations and Inuit Health Branch

Treatment Component – Preceptor –



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Self-Assessment Tool for Community Health Nurses Working with First Nations and Inuit Health Branch

Treatment Component - Preceptor

Purpose:

The Preceptor component of the Self-Assessment tool is an effective means to evaluate the wide range of competencies that are required of the Community Health Nurse who is beginning practice in a First Nations or Inuit community setting. This exercise produces a profile of skills that may be used to limit an individual Community Health Nurse's scope of practice and to devise a Learning Plan to fill any competency gaps that may be identified.

This exercise supports the continuing competency of experienced Community Health Nurses and the orientation of the new Community Health Nurse. The Preceptor component of the self-assessment is intended to provide verification of the nurse's self-assessment, and to provide an opportunity to plan learning activities for the new Community Health Nurse.

The Preceptor component contains direct questions about each competency required for the entry level Community Health Nurse with a focus in Expanded Scope of Practice. A Self-Study Guide containing useful references for each competency and information on educational programs will be provided to each nurse who undergoes the self-assessment.

This rating exercise and any efforts made by the Community Health Nurse to fill competency gaps using the Self-Study Guide are not a replacement for the educational programs identified as requirements for Community Health Nurses working in First Nations and Inuit Communities. Use of the Self-Study Guide is the sole responsibility of the nurse.

Please review the assumptions on the next page. These assumptions provide a framework for the competency descriptions in the Preceptor component of the Self-Assessment tool. The assessment instructions and rating exercise are included in the pages following the assumptions.

Assumptions for Competency Assessment of the Community Health Nurse

The Client

1 Refers to individuals across the entire lifespan, families, groups, populations, or communities.

2 Clients are active participants in their health and health care.

3 Clients may have understandings and attribute meanings to their health and health care that differ from those of health care providers.

Scope of Practice for Community Health Nurses working in First Nations and Inuit Communities

4 The scope of practice for Community Health Nurses includes community health and/or treatment services using a holistic approach.

5 In the expanded scope of practice, nurses possess roles and responsibilities unique to primary health care providers working in First Nations/Inuit communities.

6 In the expanded scope of practice, nurses use the primary health care model (WHO), the nursing process and transcultural nursing concepts to provide services to the client.

7 In the expanded scope of practice, nurses establish consultative and collaborative relationships with clients, other health team members, and intersectoral partners.

8 In the expanded scope of practice, nurses employ the principles of community and family assessment, utilizing a model that includes the determinants of health.

9 Community health nursing practice includes health promotion (health education and community development strategies), illness/injury prevention and restoration of health.

10 In the expanded scope of practice, nurses possess core competencies that are consistent, but the range of health services may vary between communities and/or Regions, and may be influenced by the practice setting, client needs, employer requirements, and changes in health care.

11 Treatment services provided by expanded scope of practice nurses include systematic health assessment and recognizing and managing common and emergency health conditions across the lifespan.

12 In the expanded scope of practice, nurses adhere to the standards of practice established by the professional association in the jurisdiction of practice and are guided by and accountable to a Code of Ethics.

13 In the expanded scope of practice, nurses are legally and morally accountable for providing competent and ethical nursing care and are professionally responsible for refusing to perform any functions for which they are not competent. When they do not feel competent to perform a function, steps must be taken by expanded scope nurses to inform the employer and together take the necessary steps to address the identified weakness.

14 In the expanded scope of practice, nurses recognize that performing nursing practices that are not included in the Scope of Practice may entitle the employer to refuse liability for their actions. They may also be subjected to investigation and action by the Provincial/Territorial Regulatory Body.

The Environment

15 In the expanded scope of practice, the nurse works with an interdisciplinary team in a transcultural environment.

16 In the expanded scope of practice, the nurse in First Nations/Inuit communities practices in Community Health Centres, Nursing Stations, and Health Centres with Treatment facilities.

17 In the expanded scope of practice, the nurse works autonomously making independent and interdependent decisions and may also provide direction to formal and informal caregivers who may or may not be regulated.

18 The practice environment may be influenced by geographical, socioeconomic and political conditions.

Instructions:

The Preceptor component of the Self-Assessment tool should be completed within the first month of the Community Health Nurse's arrival in the community. Usually, this will be close to the time when the nurse completes her own self-assessment and there has been an opportunity to work together.

Each competency has a clarifying statement that describes the knowledge, skills, and abilities representing the competency. There is a 4 point rating scale for each statement with anchor terms that describe each level of proficiency.

Levels of proficiency:

None:	**the nurse has no knowledge or experience for the skill described.**
Novice:	**the nurse has some knowledge without experience (e.g., requires some consultation or supervision).**

Step 1

Read the skill statement. Consider the nurse's knowledge and experience to determine the level of proficiency you feel best describes his/her skills. Circle the number corresponding to the rating that you feel is most appropriate for each statement in the Preceptor component of the Self-Assessment.

Step 2

Meet with the nurse and review the nurse's Learning Plan together. The skill statements in the Learning Plan identify gaps in the nurse's knowledge or experience and will be useful for selecting readings from the Self-Study Guide.

Step 3

Formalize your commitment to ongoing learning by signing the Learning Plan with the nurse.

Example Rating:

Please select the response option that most accurately describes the nurse's current experience, knowledge or confidence for each competency statement. Rate the nurse on each skill by identifying the level of proficiency he/she has attained:

0	**None:**	**has no knowledge or experience.**
1	**Novice:**	**has some knowledge without experience (needs consultation or supervision).**

Example:

	Skill Statement	Clarifying Statement	Rating
E1.	Documents health history.	Writes information from health history in patient chart.	*None* 0 *Novice* 1 *Competent* (2) *Proficient* 3
E2.	Makes appropriate referrals.	Refers to physician for further evaluation.	*None* 0 *Novice* (1) *Competent* 2 *Proficient* 3
E3.	Implements communicable disease programs.	Manages resources to prevent, detect, control and treat communicable disease outbreaks. Includes both reportable and non reportable diseases, immunization clinics.	*None* 0 *Novice* 1 *Competent* 2 *Proficient* (3)

If your ratings were like the above example, the nurse's Learning Plan (on the last page of the Preceptor component of the Self-Assessment) would include:

1. Makes appropriate referrals.

The Preceptor component of the Community Health Nurse's Self-Assessment begins on the following page.

A. Health Assessment:

	Skill Statement	Clarifying Statement	Rating
1.	Performs health assessments, including relevant health history and physical examinations across the lifespan. *(HA-1)*	Performs a comprehensive and relevant history and physical assessment in an organized approach such as obtaining identifying data, chief complaint, history of present illness (HPI), and performs the physical by systems using IPPA format for pediatric, adolescent, adult, pre/postnatal, and elderly clients.	***None 0*** ***Novice 1*** ***Competent 2*** ***Proficient 3***
2.	Adapts assessment techniques according to clients' condition and stage of development. *(HA-2)*	Modifies assessment techniques for all age groups and client conditions. Demonstrates the specific techniques utilized in each group and specific items during the assessment that are unique to each group and situation. Utilizes IPPA (inspection, palpation, percussion, and auscultation) approach and appropriate assessment tools during the exam (e.g., ophthalmoscope, otoscope, stethoscope, reflex hammer, and vision chart).	***None 0*** ***Novice 1*** ***Competent 2*** ***Proficient 3***
3.	Recognizes the deviations/ variations from normal findings. *(HA-3)*	Understands and can identify normal and abnormal findings for each stage of development and for all body systems (e.g., normal versus abnormal liver span, ear drum, etc.).	***None 0*** ***Novice 1*** ***Competent 2*** ***Proficient 3***
4.	Analyses the findings from health assessments. *(HA-4)*	Incorporates and organize data from health assessment towards making a diagnosis. Has additional data to work with (e.g., the IPPA findings of all body systems and lab data if available). Interprets the findings to understand what other system these findings may have impacts upon, therefore helping to determine the differential diagnosis (e.g., determining that a child presenting for immunization is ill and determining the cause of the illness and initiating treatment prior to proceeding with immunization).	***None 0*** ***Novice 1*** ***Competent 2*** ***Proficient 3***
5.	Synthesizes data from multiple sources to establish a differential and working diagnosis. *(HA-5)*	Takes data from the history and physical exam, from the past medical history, family history, and psychosocial history to formulate a diagnosis in order to make provisions for treatment. Has additional data to work with (e.g., the IPPA findings of all body systems, and lab data if available).	***None 0*** ***Novice 1*** ***Competent 2*** ***Proficient 3***

	Skill Statement	Clarifying Statement	Rating
6.	Identifies common health problems/conditions affecting clients across the lifespan. *(HA-6)*	Possesses the knowledge of common health problems affecting clients at all stages of development and incorporates that knowledge when performing assessments on a client. Possesses the knowledge required to incorporate full IPPA techniques. Can take the history and physical and determine risk factors for the client based on age (e.g., mycoplasma pneumonia occurs in young adults, as does mono).	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
7.	Communicates verbally and in writing, concise and precise history and physical assessment findings on clients across the lifespan. *(HA-7)*	Communicates relevant history and physical assessment in a chronological, organized format such as identifying data, chief complaint, HPI and documenting the physical by systems using IPPA format.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
8.	Consults with other health care providers regarding assessments in an appropriate and timely manner. *(HA-8)*	Understands the scope of practice with regard to treatment. Is aware of when referral is appropriate and when referral is urgent (e.g., a medevac situation).	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
9.	Identifies common urgent/ emergent problems/ conditions. *(HA-9)*	Identifies common health problems across the lifespan. Possesses the knowledge and skill to identify those situations that are urgent and emergent and require immediate attention and/or referral (e.g., COPD, MI, pneumonia, asthma, etc.).	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
10.	Determines the need for appropriate diagnostic tests. *(HA-14)*	Determines the need for diagnostic tests based on findings from assessment (e.g., haemoglobin, x-ray, urinalysis, and wet mount). Either performs the test or refers client for testing (e.g., for urine screening a community health nurse would do a chemstrip and proceed with a urinalysis if abnormal).	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
11.	Discusses health assessment findings with clients. *(HA-15)*	Communicates results from health assessment with client, including recommendations for further action: treatment, referral, follow-up. Makes recommendations for treatment and more pathophysiological issues - secondary and tertiary prevention.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***

B. Interventions:

	Skill Statement	Clarifying Statement	Rating
1.	Initiates care of common/urgent/ emergent problems/conditions affecting clients across the lifespan.*(I-1)*	Provides the care required for common/urgent/ emergent problems/conditions (e.g., ear infections, trauma, and pneumonia) presenting at a nursing station/treatment health facility.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
2.	Manages care of common/urgent/ emergent problems/conditions affecting clients across the lifespan. *(I-2)*	Determines the care required for common/urgent/ emergent problems/conditions (e.g., prescribing antibiotics for the treatment of ear infections, stabilizing trauma/emergency clients by providing emergency intervention until transportation/ referral, determining if suturing is required and whether it can be provided at the facility, and providing follow-up for diabetic clients through monitoring and education) that can be managed in a nursing station/treatment health facility.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
3.	Evaluates care of common/urgent/ emergent problems/conditions affecting clients across the lifespan. *(I-3)*	Evaluates the treatment given for common/urgent/ emergent problems/conditions that can be managed in a nursing station/treatment health facility. Makes changes to treatment regime, such as change of antibiotic based on the results of cultures, assessing wounds sutured in the clinic and determining if sutures should be removed, ongoing evaluation and further stabilization of trauma clients, referral of the diabetic client when condition changes and a change of medication is needed beyond the nurses scope.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
4.	Initiates prescription drugs and therapeutics based on assessment data. *(I-4b)*	Determines and dispenses the appropriate prescription medication (e.g., choosing the correct antibiotics including dose and treatment plan, administers xylocaine prior to suturing, providing emergency drugs to stabilize trauma clients prior to transport client when condition changes, and when a change of medication is needed beyond a nurse's scope) that can be managed in a nursing station/treatment health facility.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
5.	Applies knowledge of pharmacology when prescribing drugs in accordance with National Nurses Drug Classification System. *(I-5)*	Utilizes pharmacology principles when determining which drugs to prescribe (e.g., drug to drug interactions, timing of medication, absorption of medication, and whether to take on an empty stomach). Understands drug classifications and their meanings (i.e., the difference between an A, B, C, or D classified drug).	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***

	Skill Statement	Clarifying Statement	Rating
6.	Dispenses drugs in accordance with the National Nurses Drug Classification System. *(I-6)*	Dispenses drugs according to the classification out- lines in the National Nurses Drugs Classification system (e.g., contact a physician for all drugs with a "B" classification to receive orders, initiate "A" drugs after assessing the client's need for this medication, etc.).	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3
7.	Provides health teaching to clients and their care givers. *(I-7)*	Instructs client in the care and treatment plan for his/her presenting condition (e.g., how to care for sutured laceration and when to return for suture removal; not to drink while on antibiotics and why).	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3
8.	Assists and supports clients in designing therapeutic regimes. *(I-8)*	Discusses, in consultation with the client, the different treatment plans that are available to treat his/her health problem and provide the client with the necessary information so he/she can make an informed decision. For example, for a sore throat, discusses the probability that this condition is viral and that the antibiotics will not shorten the treatment but that the client can return to the clinic if the condition does not improve and discusses comfort measures and non- pharmacological interventions that can be tried. Supports the client who wants to see a traditional healer.	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3
9.	Assists and supports clients in following recommended therapeutic regimes. *(I-9)*	Supports the client in following the treatment plan by providing information on possible side effects of medication that he/she may expect, when their condition should improve, and when they should return to the clinic for follow-up or re-evaluation.	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3
10.	Assists and support clients in evaluating the effectiveness of recommended therapeutic regimes. *(I-10)*	Helps the client evaluate the treatment plan and discusses with him/her the factors that may be influencing the response to treatment such as non-compliance and what the nurse and the client can do so the treatment can be effective (e.g., in assessing response to antibiotics the nurse would change the treatment if no response, provided that the change is within their Drug Classification limits. Otherwise, the nurse would refer/consult). Supports the client when there is no treatment available in the community and the client must be sent to a bigger centre.	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3

	Skill Statement	Clarifying Statement	Rating
11.	Consults with other health care providers regarding interventions in an appropriate and timely manner. *(I-11)*	Contacts physicians to discuss assessment findings in providing care for clients presenting at the clinic who can be managed at the nursing station but may require medication that the nurse is unable to prescribe (e.g., cimetidine) or will require stabilization with medication and then transferring to hospital (e.g., a client presenting with possible myocardial infarct, acute abdomen, or a child in respiratory distress).	*None* **0** *Novice* **1** *Competent* **2** *Proficient* **3**
12.	Takes steps to ensure that equipment is available and operational when needed. *(I-12)*	Checks to ensure the required equipment is available and is in good working order (e.g., oto/ ophthalmoscope, suction machines, and suture sets). Equipment varies so the nurse must assess this whenever entering a different facility.	*None* **0** *Novice* **1** *Competent* **2** *Proficient* **3**
13.	Operates specific emergency equipment. *(I-13)*	Knows how to use the equipment available in the health facility where the nurse is working. Equipment varies so the nurse must assess this whenever entering a different facility.	*None* **0** *Novice* **1** *Competent* **2** *Proficient* **3**
14.	Initiates intravenous fluid therapy according to the needs of the client. *(I-14)*	Understands the principles of fluid therapy and knows which fluid to use when, site, ability to start an intravenous, and the rate of infusion.	*None* **0** *Novice* **1** *Competent* **2** *Proficient* **3**
15.	Applies principles of wound management including suturing. *(I-15)*	Demonstrates the principles of wound management from assessment, anaesthesia, equipment, suturing, and after care.	*None* **0** *Novice* **1** *Competent* **2** *Proficient* **3**
16.	Manages psycho-social emergencies using knowledge of crisis intervention. *(I-16)*	Recognizes that a client is having a psycho-social emergency and provides immediate interventions, such as suicidal risk, in consultation as needed, and then assists the client to access the appropriate treatment. In nursing station and treatment facilities this may mean that the client is in the community for a longer period of time before they can be sent out for further treatment. Is aware of resources within their community to support the practitioner in providing crisis intervention.	*None* **0** *Novice* **1** *Competent* **2** *Proficient* **3**

	Skill Statement	Clarifying Statement	Rating
17.	Implements general principles of medical evacuation. *(I-18)*	Understands the principles of medical evacuation including the effects of altitude on patient conditions (e.g., abdominal conditions and the need for an nasogastric tube prior to transport, oxygen requirements) length of trip, securing the client in the aircraft or road ambulance, number of medical personnel needed (e.g., need two if sending out a woman in labour) as well as when to transport and when not to transport.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
18.	Manages medical evacuations. *(I-19)*	Manages the medical evacuation by making the necessary arrangements and determining the type of carrier required, stabilizing the client prior to transport, ensuring that enough and all equipment needed during the medevac is available, ensuring that the client is well secured in the aircraft or road ambulance, knowing the number of medical personnel needed (e.g., need two if sending out a woman in labour) and when to transport and when not to transport.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
19.	Meets legal requirements for documentation of prescriptive therapy. *(I-20b)*	Documents all prescriptive therapy (e.g., indicating to whom the drug was dispensed, amount dispensed, recording all narcotic and controlled drugs in a narcotic register and that they are secured in the facility, completing medication labels with complete information, and including this same information in the client record).	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
20.	Takes steps to ensure that diagnostic equipment is available and operational when needed. *(I-22)*	Inspects diagnostic equipment (e.g., audiometers, x-ray machines, AED, ECG machines, and microscopes) to ensure it is ready for everyday use.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
21.	Performs venipuncture. *(I-23)*	Demonstrates venipuncture technique including client and equipment preparation, perform venipuncture, specimen preparation, and after care.	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***
22.	Performs specimen collection appropriate to treatment settings (e.g., STD swabs, pap smears, gastric washings for TB, and microscopy for wet mount/clue cells). *(I-24)*	Follows proper procedures and techniques in the collection of specimens adhering to practice guidelines regarding client safety, aseptic technique, and universal precautions (e.g., STD swabs, pap smears, gastric washings for TB, and microscopy for wet mount/clue cells).	***None*** ***0*** ***Novice*** ***1*** ***Competent*** ***2*** ***Proficient*** ***3***

Skill Statement		Clarifying Statement	Rating
23.	Interprets diagnostic laboratory results and respond appropriately. *(I-25)*	Determines abnormal findings from diagnostic laboratory results (e.g., abnormal haemoglobin, culture, and sensitivity reports) and use the results as a basis for diagnosis and treatment (e.g., having determined that an organism is resistant to the originally prescribed antibiotic, the nurse chooses the appropriate antibiotic).	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3
24.	Applies the knowledge and principles of radiology in order to safely perform x-rays of chest/limbs. *(I-26)*	Safely operates an x-ray machine (i.e., is fully certified) and understands the principles and procedures necessary to properly x-ray chest and limbs.	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3
25.	Provides basic interpretation of chest and limb films and responds appropriately.*(I-27)*	Makes accurate assessments from chest or limb x-rays and determines the appropriate treatment or recommendation for treatment (e.g., detects fractures, pneumonia, etc.).	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3
26.	Applies knowledge in order to accurately perform ECG's. *(I-28)*	Applies knowledge of anatomy to landmark the chest and limbs to ensure an accurate ECG.	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3
27.	Provides basic interpretation of ECG's and respond appropriately. *(I-29)*	Interprets the results of an ECG based on his /her knowledge of rate, rhythm, axis (direction of flow), hypertrophy, infarction, and ischaemia.	*None* 0 *Novice* 1 *Competent* 2 *Proficient* 3

Learning Plan for the Competency Assessment Program

Now that you have completed the Self-Assessment, the next step is to develop a Learning Plan to address the gaps or weaknesses in the Community Health Nurse's competencies. A personal learning plan identifies the nurse's knowledge, skills, and abilities that should be strengthened and outlines specific steps to successfully develop those competencies. Follow the five steps to develop the nurse's Learning Plan.

Step 1. Competency Needs

Go back through the Self-Assessment tool and list those competencies that you rated as 'None' or 'Novice' in the first column of the Learning Plan.

Step 2. Learning Strategies and Resources

For each competency, identify how you can help develop and strengthen the nurse's knowledge, skill, and abilities to meet the competency requirements. Toward this competency goal, consider such learning tools as job shadowing, mentoring, reading resources, distance learning, independent study, peer learning, conferences, training, educational programs, etc. Identify the learning strategies or resources most suited to the nurse's competency goals and write them in the second column of the Learning Plan.

Step 3. Evidence of Competency Learning

It is important that the nurse can measure the success of their competency learning strategies and resources. Find some way to determine when the nurse has successfully strengthened the competencies. In the third column of the Learning Plan list the criteria that can be used to evaluate the evidence of the nurse's competency learning.

Step 4. Target Dates

In the last column of the Learning Plan, set realistic and attainable target dates for when the nurse can complete each competency learning goal. Be sure to consider the nurse's current work load, the availability of co-workers for peer learning, accessibility of educational resources, up-coming conferences, etc. when setting the target dates.

Step 5. Preceptor Sharing

After you have completed the Learning Plan, discuss the competency needs and goals with the nurse and work together to finalize the Learning Plan. When you both agree to the Learning Plan, each sign the plan to demonstrate a shared commitment to the nurse's continued competency learning.

Learning Plan

1. Competency Needs *What are the competencies I have rated the nurse as 'None' or 'Novice' ?*	**2. Learning Strategies and Resources** *What can the nurse do to meet his/her competency needs?*	**3. Evidence of Competency Learning** *How can the nurse determine when he/she has met their competency needs?*	**4. Target Dates**

_____ *and* _____ _____

Nurse's signature **Preceptor's signature** **Date**